

(b) Staff/Client Ratio. There will be a minimum of one full-time staff member for every six participants in the center. The owner or operator may be considered in the count when serving in a dual capacity and provided the owner or operator provides direct services and is included in the work schedule for the center. Additional staff will be required as the client population increases maintaining a one-to-six ratio. Clerical staff, accountants, cooks and other non-direct care staff (with the exception of the administrator) will not be considered when calculating the staff/client ratio.

(c) Center Director. There will be one full-time professional designated as center director.

(d) Assistant Center Director. There will be one full-time professional designated as assistant program director to act in the absence of the center director.

(e) Nursing Staff. A registered nurse (RN) or licensed practical nurse (LPN) will be on site during the primary hours of program operation and on call during the hours the center is open. Arrangements will be formalized for obtaining the services of an LPN or RN in anticipation of potential absences, planned and unplanned, of the regular nursing staff.

(f) Additional Staff. Direct care staff members, from a variety of fields, will be employed in sufficient number to complete a staffing ration of one full-time staff member for each six clients.

(2) Staff appropriate to the services offered below must be on the premises of the center during the designated daily hours of operation.

(a) Nursing. Nursing services must include services rendered by registered nurses (RN) or licensed practical nurses (LPN) that work under the supervision of a registered nurse. Such nurses must evaluate quarterly, at a minimum, the particular needs of each client and provide care and treatment, including medication supervision, as indicated. Narrative nursing notes must be entered in the client's medical record at least weekly indicating the individual's progress toward achieving health goals. More frequent notes are required if indicated by the client's condition. Narrative nursing notes should address the client's progress in self care services oriented toward activities of daily living and personal hygiene, and the extent of assistance provided by health care professionals and program aides in this service area.

(b) Nutritionist. Nutritional services must include dietary and nutritional education and must be provided under the supervision of a dietitian who meets licensure and certification as set forth in 58A-6, F.A.C.

(c) Social Worker. Minimum qualifications for this position must meet licensure and certification as set forth in 58A-6, F.A.C. Services provided by program aides in this service area must be provided under the direct supervision of a social worker.

(d) Occupational Therapist. Minimum qualifications for this position must meet licensure and certification as set forth in 58A-6, F.A.C.

(e) Speech Therapist. Minimum qualifications for this position must meet licensure and certification as set forth in 58A-6, F.A.C.

(f) Physical Therapist. Minimum qualifications for this position must meet licensure and certification as set forth in 58A-6.01(6)(c)1., F.A.C.

(g) Center Director. Minimum qualifications for this position must meet licensure and certification as set forth in 58A-6, F.A.C.

(3) Additional Major Functions and Duties of the Center Director. Major Functions and Duties, additional to those outlined in Chapter 58A-6, Florida Administrative Code:

(a) Recruits, screens and trains staff of facility.

(b) Plans and provides organized programs of pre-service and in-service training for staff.

(c) Interprets policies and procedures to staff and clientele.

(d) Ensures integration and coordination between program and appropriate community resources.

(e) Maintains close supervision of staff in the following areas of operation: secretarial and bookkeeping; housekeeping; maintenance; transportation; food services; consulting services; and direct services.

(f) Evaluates the performance of each staff member.

(g) Assures accurate and timely completion of all records and reports, including those required for the Client Information System (CIS); maintains program statistical data and records as required.

(h) Special Requirement. This is an eligible service for clients who are included within the 2176 Medicaid Waiver Projects (coded 17). Reporting must comply with the 2176 Medicaid procedures.

Case Management

(1) Case management is a client centered series of activities which includes planning, arrangement for and coordination of appropriate community-based services for an eligible Community Care for Disabled Adult client.

(2) Case management is an approved service, even when delivered in the absence of other services. Case management includes intake and referral, comprehensive assessment, development of a service plan, arrangement for service and monitoring of client's progress to assure the effective delivery of services and reassessment.

(3) A unit of service is one hour of elapsed time involved in the above described case management activities.

Recommended Staffing and Caseload Standards

The average caseload should not exceed fifty-five cases per full-time CCDA case manager, unless approved by the district office. A caseload consists of those clients determined eligible and receiving case management.

Minimum Qualifications

(1) Contract Service Providers. Case managers must possess a Bachelor's degree in social work, sociology, psychology, nursing, or related field. Other directly related job education or experience may be substituted for all or some of these basic requirements upon approval of the district office.

(2) DCF Staff. DCF case managers must be qualified as described by departmental job specifications.

Training

(1) **Contract Service Providers.** An in-service training program must be developed for case management staff. A minimum of six hours per year of in-service training is required and must be documented in staff records as to duration and content. The following topics must be included:

- (a) An overview of community-based services;
- (b) Use of assessment instruments and interviewing techniques;
- (c) Record-keeping procedures and the Client Information System;
- (d) Overview of DCF services for adults, (across all programs).

(2) **DCF Staff.** DCF staff must receive training as described by current department policies.

Chore Service

(1) **Chore service** means the performance of house or yard tasks such as seasonal cleaning, yard work, lifting and moving, simple household repairs, and other tasks not performed by specialized staff for eligible persons who are unable to do these tasks.

(2) A unit of service is one hour of actual time spent in the performance of listed or related chore service tasks for one or more clients. If the service is to be provided to a couple, the unit of service will be assigned to either the eligible husband or wife, preferably the one who usually performs chore duties.

Minimum Service Standards

(1) **Eligibility to Receive Chore Services.**

Client must be unable to perform the chore without assistance.

(2) **Service Tasks.**

(a) Chore services are usually of short duration performed for a client on a demand-response basis.

- (b) Tasks to be accomplished will be determined by evaluating the health and well being of the client, and the capability of chore service staff.
- (c) Specific chore tasks, for example shopping or errands, may be scheduled at regular intervals, if needed.
- (d) Procedures must be developed for chore service workers who will handle the client's money.
- (e) Chore services may include tasks such as those listed in the service definition, as well as the installation or adjustment of simple door locks and other basic security devices.
- (f) Chore services may be provided by homemaker or other staff, as long as the worker performing the dual function meets the chore job description and qualifications. When one employee provides multiple services, individual tracking documentation must be maintained for each service. For instance, if a staff person makes a two hour visit to a client's home and performs an hour of chore and an hour of homemaker tasks, the time must be recorded as one hour of homemaker and one hour of chore services rather than two hours of each service, or two hours of only one or the other.

(3) Training Requirements: Contract Service Providers or Volunteers

- (a) Pre-Service Training. Staff or volunteers providing this service must receive at least three hours of training in the following areas:
 - 1. Safety and home accident prevention;
 - 2. Procedures for handling client's money (if chore-worker handles money);
 - 3. Client confidentiality;
 - 4. Program policies and procedures;
 - 5. CCDA purpose and philosophy;
 - 6. Emergency procedures in the event of a crisis during the course of work;

7. Additional training may include information about disabling conditions and first aid;

8. If staff or volunteers have received prior equivalent service training, it may be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training. (pre-service training may include on-the-job training).

(b) In-Service Training. An annual minimum of six hours of in-service training must be provided. Content and duration must be documented in staff and agency records.

(5) Training Requirements: DCF Staff. DCF staff must be qualified as required by the department for pre-service and in-service training.

Emergency Alert/Response Service

(1) Emergency alert/response service is a system that monitors the safety of an individual in their own home. The electronic digital equipment of the system transmits a specially coded signal over existing telephone lines to a central station offering surveillance services twenty-four hours a day, seven days a week. Upon receipt of such signal, the central station will alert and dispatch properly qualified assistance to the subscriber in need.

(2) A unit of service is one day (twenty-four hours) of individual emergency response unit operation in a client's residence, regardless of actual emergency use by client. The units are counted by totaling the number of days the client receives services. (Example: A client who has the unit in his/her home for the entire month of June has used thirty units (thirty days in June of emergency alert/response service.)

Minimum Service Standards

(a) It must be determined that the client is especially vulnerable to medical or other emergency situations which have a likelihood of developing, given the particular client's profile (mental, physical, social) and/or living situation.

(b) It must be determined that emergency response service could prevent such situations from developing or escalating, or could save the client from a life threatening situation.

(c) Client must have, or be willing to arrange for, any special provisions needed for installation, such as private line telephone service.

(d) Client must be mentally and physically able to use the equipment appropriately.

(3) Service Tasks. The service provides a means of responding to an emergency situation arising in the home setting involving a disabled adult. It does not provide emergency services, but rather contacts the appropriate personnel who will provide emergency services.

(a) Program requires operating a 24-hour, community-based personal emergency response system designed particularly for functionally impaired persons living in the community.

(b) Providers will purchase, rent or lease equipment that meets the attached specifications and arrange for installation, training and maintenance of the equipment. Batteries and telephone jack installation fees are costs incurred by the client, unless there is an inability to pay for these expenses. It is allowable for the provider to purchase batteries and pay for installation if the client cannot pay.

(c) Providers will designate an emergency response center where emergency signals are responded to according to a specified operating protocol.

(d) Providers will ensure that client, signal activity, and service records are maintained either by the provider or the response center.

(e) Providers will arrange monthly phone calls to each client's home to test system operation, update records and provide direct client contact.

(f) Operational and technical manuals and training will be provided to appropriate agency personnel.

(g) The provider or contracting agency will receive detailed manuals from the emergency response equipment vendor relating to operational aspects of the system including technical specifications, installation, testing and field coordination.

(h) The emergency response center will receive detailed manuals relating to operational aspects of the system including physical arrangement of equipment, installation of all elements, testing

procedures, emergency reporting and response procedures and servicing.

(i) The agency and emergency response center will receive detailed technical and operations manuals which describe program elements including equipment functioning; response protocol; record keeping and reporting procedures; equipment testing; installation in subscriber's home; user agreement; and suggested forms.

Training Requirements

(a) Pre-Service Training. Contract service providers and/or DCF staff and emergency response center personnel will receive pre-service training on location in all operational aspects of the equipment, subscriber installation, equipment testing, and program implementation. If staff or volunteers have received prior equivalent service training, this training can be substituted for part or all of the required hours for pre-service training.

(b) In Service Training. In-service training for staff providing emergency alert/response service will be regularly scheduled. Minimum in-service training will be a total of six hours per year and documented in staff records as to content and duration.

Escort Service

(1) Escort Service is the personal accompaniment of an individual to, and/or from service providers or personal assistance to enable clients to obtain required services needed to implement the service plan.

(2) A unit of escort service is one trip. One trip is defined as one, one-way trip measured from a point of origin to a destination.

Scope of Service

(a) Escort service should be provided for clients who do not have anyone in their support system to assist them, or, whose support system does not yield an individual capable (mentally or physically) of providing the assistance.

(b) The person providing the escort service may not advise the client on any matter which may constitute conflict of interest.

Training Requirements

(a) Pre-Service Training. A total of six hours per year is required for contract service providers and DCF staff. The following topics should be included:

1. Interpersonal relationships;
2. CCDA program and purpose;
3. Confidentiality;
4. Conflict of interest situations;
5. Local service providers and community resources.

Certification or documented training in any of the above subjects may substitute for the required pre-service training.

(b) In-Service Training. Contract service providers and DCF staff providing escort services must be scheduled for in-service training to augment and/or refresh their knowledge. A minimum of six hours per year is required. Content and duration must be documented in agency and staff records.

Group Activity Therapy

(1) Group activity therapy is a service provided to three or more CCDA clients and may include the following activities: physical, recreational, social interaction, and communication skill building through the use of groups. The purpose of the service is to prevent social isolation and to enhance social and interpersonal functioning.

(2) A unit of service is one client receiving group activity therapy for one daily session.

Eligibility to Receive Group Activity Therapy

- (a) Client must need the above described service in order to achieve a specific goal which will help them to function more independently.
- (b) Client must show measurable improvement in social, interpersonal, and communication skills through the provision of this service in order to continue to be eligible to receive the service.

Scope of Service

- (a) Group activity therapy may only be provided by a professional staff person with demonstrated abilities in group dynamics and skill in conducting the above described group activities.
- (b) Group activity therapy should provide an arena in which clients in need of service can increase their success in social interaction, communication, and interpersonal functioning.
- (c) Group activity therapy is not considered a psychiatric service where medical treatment in the form of group therapy is provided.

Training Requirements

- (a) Pre-Service Training. A total of ten hours per year is required for contract service providers and DCF staff. The following topics should be included:
 - 1. CCDA Program and purpose;
 - 2. Local service providers and community resources;
 - 3. Medical and psychological aspects of disability;
 - 4. Group therapy and group dynamics;
 - 5. Communication skill building activities;
 - 6. Recreational activities for the disabled client;
 - 7. Interpersonal and social skill building activities.

(b) In-Service Training. Staff providing group activity therapy must be scheduled for in-service training to augment and/or refresh their knowledge. A minimum of six hours per year will be scheduled for in-service training. Content, duration, and documentation of attendance must be on file in the agency and staff records.

Home Delivered Meals

- (1) A home delivered meal is a hot or other appropriate, nutritionally sound meal that meets one-third of the current daily recommended dietary allowances (RDA) served in the home to a disabled person.
- (2) The unit of service is one meal delivered.

Scope of Service

The CCDA service criteria will be met if the meals are provided by a contractor who is approved to provide home delivered meals that are funded by Older Americans Act (Title III-C), or Community Care for the Elderly (CCE). The CCDA program cannot claim commodities or cash-in-lieu of commodities, if subcontracting with a Title III-C-2 provider.

Training Requirements

- (a) Pre-Service. All contract service providers and DCF staff (volunteers or paid) involved in home-delivered meals service, whether in meal preparation or delivery, must receive pre-service training. Training will be appropriate to respective job duties and responsibilities and must minimally provide instructions for performing assigned tasks. If staff or volunteers have received prior equivalent service training, this training can be substituted for part or all of the required hours for pre-service training.
- (b) In-Service. In-service training for all staff involved in home-delivered meals service will be regularly scheduled. Minimum in-service training must be six hours per year with attendance, content and hours documented in agency and staff records.

Special Conditions

(1) Food Service Contract Provisions.

- (a) Food service contracts are defined as contracts for the purchase of meals or portions of meals or for food preparation.
- (b) All recipients of awards must adhere to the standards set forth in this manual.
- (c) Written specifications for food service contracts must be approved by the district program office prior to solicitation of bids for such contracts.
- (d) Specifications for bids, and terms and conditions of the proposed contracts, must establish methods and responsibilities for each of the following:

1. Delivery.

- a. Transportation: trucks, vans.
- b. Delivery sites: number and location.
- c. Delivery schedule:
 - (1) Number of days each week;
 - (2) Hour of delivery for each site.
- d. Types of containers for bulk food delivery, if applicable.
- e. Types of containers for individual service.
- f. Return of containers:
 - (1) How and by whom.
 - (2) Condition (washed, sterilized, etc.).

2. Menus.

- a. Written by whom.
- b. Approved by whom.

- c. Compliance with required meal pattern and other standards required herein.
 - d. CCDA program person responsible for receipt and review of menus at least 5 weeks in advance of service.
 - e. Approval of substitutions on menus.
- 3. Sanitation.
 - a. Compliance with federal, state and local regulations.
 - b. Food preparation facility inspection within previous 6 months.
 - c. Delivery standards:
 - (1) Temperature maintenance;
 - (2) Sanitary conditions.
- 4. Inspections. Inspection of food preparation, packaging and storage areas by the department.
- 5. Food.
 - a. Number of meals:
 - (1) Provision for flexibility;
 - (2) Time limits for ordering amounts of food.
 - b. Cost schedule.
 - c. Food purchased by whom.
 - d. Food provided: entree, vegetable, fruit, milk, dessert, juice, salad, beverage, cream (or substitute), condiments, butter or margarine.
 - e. If foods do not meet proper specifications, the department will not be required to pay.

- f. If the caterer fails to deliver a meal or any portion of meals, the department will procure food from other sources at the caterer's expense.

6. Administration.

- a. Sales tax exemption.
- b. Caterer's financial records open for audit.
- c. Supply information for nutrition reporting on labor and raw food costs.
- d. Insurance coverage.
- e. Bonding.
- f. Food cost changes.
- g. Length of contract.
- h. Approval by PDAA.
- i. Dates/times of contract payments to contractor.
- j. Holidays and other days when meals are not to be served.

- (e) All proposed food service contracts with profit-making organizations must be submitted for prior approval by the district.

- (2) Insurance. It is strongly recommended that food service providers have adequate liability insurance coverage, including product liability.

Home Health Aide

- (1) Home health aide service means health or medically-oriented tasks furnished to an individual in his or her residence by a trained home health aide. The home health aide must be employed by a licensed home health agency and supervised by a licensed health care professional who is an employee or contractor of the home health agency.

- (2) The unit of service is one hour (or quarter hour portion) of time spent performing designated home health aide services. It does not include time spent in transit, but rather is the time spent providing services to the client.
- (3) This is a health maintenance service as defined by Section 410.603(4), F.S. It lists those routine health service(s) necessary to help maintain the health of a disabled adult.

Eligibility to Receive Home Health Aide Services

The client's medical supervision is under an established plan of treatment. A plan of treatment means a written instruction provided by the attending physician for the provision of health care to a disabled adult in his or her home.

Service Tasks

- (a) The home health aide will perform only those activities contained in a written assignment by a health care professional. (A health care professional is any person who has completed a course of study in a field of health care, such as a nurse. The person is usually licensed by a governmental agency, such as a board of nursing, and becomes registered or licensed in that health care field. In some instances, the person is certified by a state regulatory body, such as with a certified nurses' aide.) Home health aide activities include assisting the patient with personal hygiene, ambulation, eating, dressing and shaving.
- (b) The home health aide may perform other activities as taught by a health professional employee for a specific patient. These include and are limited to: assisting with the change of a colostomy, ileostomy or urestomy bag; a shampoo; the reinforcement of a dressing; assisting with the use of devices for aid to daily living (i.e. walker, wheelchair); assisting with prescribed range of motion exercises which the home health aide and the patient have been taught by a health professional, assisting with prescribed ice cap or collar; doing simple urine tests for sugar, acetone or albumin; measuring and preparing special diets; measuring fluid intake and output; and supervising the self-administration of medications. This supervision means reminding clients to take medications, opening bottle caps for clients, reading the medication label to clients, observing clients while taking medications, checking the self-administered dosage against the label of the

container and reassuring clients that they have obtained and are taking the correct dosage.

(c) The home health aide will not: change sterile dressings; irrigate body cavities, such as an enema; irrigate a colostomy or wound; perform a gastric lavage or gavage; catheterize a patient; administer medications; apply heat by any method; care for a tracheotomy tube; administer eye drops; or any personal health service which has not been included by the professional nurse in the patient care plan.

(d) The home health aide must keep records of personal health care activities and the hours spent performing the tasks.

(e) The home health aide will observe appearance and gross behavior changes in the patient and report any changes to the professional nurse.

(f) The home health aide patient services must be evaluated by a health professional staff person at least every two weeks in the home for the purposes of observing service delivery and the status of the client.

(g) The agency must maintain a ratio of at least one health professional employee for every five nonprofessional persons providing health services. When full-time equivalents are used in the case of part-time nonprofessional persons providing health services, the actual number of such persons supervised must not exceed twelve clients.

(h) This service must be provided in compliance with Chapter 59A-8, F.A.C., Home Health Aide.

Service Criteria

(a) The plan of treatment will be established and reviewed by the attending physician in consultation with agency staff involved in giving service to the patient, at such intervals as the severity of the patient's illness requires, but in any instance, at least every 60 days and shall include, but not be limited to the following:

1. Diagnosis;
2. Types of services and equipment required;

3. Specific frequency of visits such as two times a week or three times a week;
4. Activities permitted;
5. Diet;
6. Medications and treatments;
7. Dated signature of the physician.

(b) Assessment of the need for home health aide services must be made by the case manager. A service plan must be developed, specifying frequency and duration of service, and formulated with the nurse supervisor, physician, licensed physical therapist, or licensed occupational therapist prior to the delivery of service.

(c) A registered nurse, either paid or volunteer, must be on staff or under contract as a consultant to make home visits to each client at least every two weeks. The registered nurse will supervise the home health aides, assess whether the service plan is being carried out properly, attend or provide in-service training, review reports and records, and assist in employee performance evaluations.

(d) The home health aide records services rendered during each visit, completes time and attendance records, participates in performance evaluations, prepares incident reports as the need arises, and attends pre-service and in-service training.

(e) The service provider must develop emergency procedures to be followed in the event of a crisis during the course of care.

(f) Home health aide care will not substitute for care provided by a registered or practical nurse, or a licensed therapist.

Training

(a) Pre-Service. The home health aide must have training in supportive services, which are required to provide and maintain bodily and emotional comfort, and assist the patient toward independent living in a safe environment. If the aide receives training through a vocational school, licensed/certified home health agency, or hospital, the curriculum will be documented. If training is received through the

agency, the curriculum will consist of at least forty-two hours, which include:

1. Role of the home health aide, differences in families, ethics, and orientation to the agency (two hours);
 2. Physical appearance and personal hygiene (one hour). The following topics should be included: uniform; hair; hands and fingernails; cleanliness; teeth; makeup; perfume; jewelry and smoking;
 3. Supervision by a registered nurse, registered physical therapist, occupational therapist, registered speech therapist (three hours). The following topics should be included: role of the supervisor; role of the aide; role of the physician; role of the patient; plan of care; assignment of tasks; record keeping; and performance evaluation;
 4. Personal care services (twenty-four hours), to include the following topics; bathing; dressing; toileting; feeding (eating); bed making; ambulation; body mechanics; transfer techniques; range of motion and exercises;
 5. Nutrition and food management (four hours), to include the following topics: basic food requirements; purchasing of food; preparation of food; storage of food; serving of food; and special diets;
 6. Household management (two hours), to include the following topics: care of bedroom, bathroom, kitchen; care of clothing; and safety in the home;
 7. Emotional aspects of disability, including death and dying (six hours);
 8. If staff or volunteers have received prior equivalent service training, this training can be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.
- (b) In-Service. In-service training for contract service providers, DCF staff and home health aides must be regularly scheduled to augment or refresh the home health aide's knowledge in any of the

above listed areas. A minimum of six hours per year is required; staff records must be documented to indicate training provided.

Homemaker Service

(1) Homemaker service means the performance of or assistance in accomplishing specific home management duties including housekeeping, meal planning and preparation, shopping assistance, and routine household activities by a trained homemaker. With district approval, it may include the purchase of home and/or cleaning supplies needed for the delivery of services. Otherwise, clients are responsible for purchasing their own cleaning supplies.

(2) The unit of service is one hour (or quarter hour portion) of time spent in the provision of designated homemaker duties by a trained homemaker. It does not include time in transit to and from the client's place of residence except when providing shopping assistance, performing errands or other tasks on behalf of the client. If the service is to be provided to a couple, the unit of service must be assigned to either the eligible husband or wife, preferably the one who usually performs homemaking duties.

Service Tasks

- (a) Meal planning and preparation;
- (b) Housekeeping;
- (c) Laundry;
- (d) Clothing repair;
- (e) Minor home maintenance. (e.g. changing light bulbs);
- (f) Shopping assistance;
- (g) Assistance with budgeting and paying bills;
- (h) Client transportation, if permitted;
- (i) Record keeping as required;
- (j) Reporting changes in client condition or behavior, to supervisor;

(k) Following established emergency procedures.

**Restrictions on homemaker activities:*

1. Must not engage in work that is not specified in the homemaker assignment;
2. Must not accept gifts from clients;
3. Must not lend or borrow money or articles from clients;
4. Must not perform services requiring a public health nurse, a home health aid, or personal care worker to perform;
5. Must not handle money unless authorized by supervisor or case manager and bonded or insured by employer;
6. Must not transport the client unless authorized by supervisor or case manager.

Service Provision Log. The homemaker is required to fill out a client service provision log. Any form used must record the following: the date of the visit; activities performed during the visit, and number of hours spent performing the activities.

Training Requirements

- (a) Pre-Service. A total of twenty hours are required covering the following: CCDA program and purpose; medical and psychological aspects of disability; interpersonal relationships; nutrition and meal preparation; marketing and food storage; use of household equipment and supplies; planning and organizing household tasks; principles of cleanliness and safety of the home; record-keeping; agency policies and procedures; and emergency procedures.
- (b) If staff or volunteers have received prior equivalent service training, this training can be substituted for parts or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.